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Name of Organization: Improving Kid's Environment c/o Environmental Mgmt Institue

Type of Organization: Other

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Project Title: Mercury Use Reduction in Indiana's Healthcare Industry

Project Category: Pollution Prevention and Reduction - BNS

Rank by Organization (if applicable): 1

**Total Funding Requested (\$):** 10,000 **Project Duration:** 2 Years

#### Abstract:

Cooperatively work with Indiana's healthcare industry (hospitals, medical centers, nursing homes, etc.) so they voluntarily adopt measures to significantly reduce and, ultimately, phase-out their use of mercury and mercury containing products. Participating facilities will make the Making Medicine Mercury Free Pledge by Health Care Without Harm or its equivalent. Progress will be tracked through annual reports and followup meetings. The results will be published on the Internet and newsletters. By the end of this project, 25% of the hospitals and 10% of the medical centers and nursing homes in Indiana are expected to participate. IKE is a non-profit organization serving as advocates for children's environmental health in the Midwest.

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States:  Illinois New York Superior Erie  Indiana Pennsylvania Huron Ontario  Michigan Wisconsin Michigan All Lakes  Minnesota Ohio
Geographic Initiatives:
Greater Chicago NE Ohio NW Indiana SE Michigan Lake St. Clair
Primary Affected Area of Concern: Grand Calumet River/IHC, IN
Other Affected Areas of Concern:
For Habitat Projects Only: Primary Affected Biodiversity Investment Area: Other Affected Biodiversity Investment Areas:

#### **Problem Statement:**

Mercury is a Level I substance on the Great Lakes Binational Toxics Strategy. It is a pervasive pollutant - and one of the few still deliberately used. For example, mercury can be found in 99% of all fish tissue sampled in Indiana. And unlike most other Level I substances, especially alkyl-lead and pesticides, the concentrations in fish tissue are not going down. Recognizing the problem posed by mercury, the Strategy required the United States to "seek, by 2006, a 50 percent reduction nationally in the deliberate use of mercury from sources resulting from human activity."

The healthcare industry (hospitals, medical centers, nursing homes, etc.) is the most significant deliberate user of mercury. If the United States is to meet the challenge, the healthcare industry will need to dramatically reduce its reliance on mercury.

The healthcare industry relies on mercury-containing devices because they work. Over the years, healthcare professionals have grown to trust mercury to reliably measure blood pressures and temperatures and to operate other critical instruments. While safer, and often more effective substitutes, are now available -- generally due to dramatic improvements in electronics -- many professionals have been reluctant to make the switch to mercury-free devices.

They understand the hazards of mercury in the medical sense but do not appreciate the challenges and hazards created in cleaning up a broken device and how much could be saved if the mercury is removed from the facility and recycled before it breaks. As professionals, they resent being told to change and believe they can handle a problem when it occurs.

But beyond the leading hospitals, the healthcare facilities appear to be seriously unprepared for a mercury-containing device to fail. A broken blood pressure device that releases a pound of mercury on carpeting in a doctor's office will be a costly cleanup -- that is if the crew called into conduct the cleanup recognizes the hazards. In many cases, the mercury is simply put in with the medical waste container and incinerated. And the residue that remains in the doctor's office may accumulate in the air for patients to breath. In addition, most medical centers and nursing homes are not prepared to generate or handle the regulated hazardous waste that results from a mercury spill.

If the health care professionals understood the risk the patients, the costs of cleanup, the effectiveness of substitutes, and the potential disruption to their business, they would quickly make the switch.

But that won't happen easily. The professionals need an incentive to pay attention to the issue and have someone they trust to guide them. While massive educational programs can gain a few converts, progress will be slow. To succeed, we need to engage the people who make the decisions (typically doctors) in a variety of ways. Often the approach needs to be a one-on-one discussion that is reinforced from other means. In other situations, nurses or pharmaceutical salepeople

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they trust need to deliver the message. Once enough doctors make the switch, peer pressure will bring about major changes. While doctors listen to association or government guidance, it is often the personal touch that brings about change.

Fortunately, the U.S. EPA, the Indiana Department of Environmental Management and other organizations have done an outstanding job in developing the programs to address the problem. EPA's medical waste MACT standard provides a driving force. EPA and IDEM have effective educational materials available tailored to the industry. Health Care Without Harm has developed a top-notch Making Medicine Mercury Free Pledge program. And IDEM regularly meets with environmental managers for hospitals. The pieces are all there but someone needs to deliver them to the doctor in his office.

## **Proposed Work Outcome:**

Improving Kids' Environment (IKE) is a new organization that serves as an advocate in Indiana for children's environmental health issues. Through its work with lead poisoning, it has developed a fledgling network to reach the healthcare industry to help them respond to the dangers of lead in our children.

Building on this foundation, IKE will work to coordinate this mercury initiative with its lead efforts to effectively reach the medical professionals that make the decisions. Under the leadership of IKE's Executive Director, Tom Neltner, IKE will:

- 1. Assemble a packet of materials developed by EPA, IDEM and other organizations for doctors to review;
- 2. Develop a computer generated presentation to help the medical professional understand the importance of addressing mercury;
- 3. In cooperation with local health department representatives, identify healthcare opinion leaders and sit down with the opinion leaders and make the case for change;
- 4. Develop cooperative relationships with the state associations of nurses and doctors and state agencies so they can reinforce the message; and
- 5. Work with pharmaceutical and medical product sales organizations to get them to include mercury hazards in their promotional materials. These organizations have regular and extensive one-on-one interactions with doctors. Preliminary discussions have indicated that several would be interested in delivering the mercury message in order to provide a more positive image to the doctor.

IKE will rely on the Health Care Without Harm's Making Medicine Without Mercury Pledge or its equivalent as the primary building block of the initiative. IKE will get the hospitals, medical centers and nursing homes to take the pledge and regularly report its progress including estimated reductions in their use and disposal of mercury and mercury-containing products.

As a result of this work, IKE anticipates that project will have:

- 25% of the full-service hospitals;
- 10% of the medical centers; and
- 10% of the licensed nursing homes

taking the pledge within two years of beginning the project. Over 30% of these facilities should be in the Great Lakes Basin

IKE will report the participation rates on its webpage at www.ikecoalition.org/home and in its newsletter. And at the end of the two years, it will survey a representative sample of facilities that have taken the pledge to determine whether they have changed practices as a result of the pledge.

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Project Milestones:	Dates:
Project Start	09/2000
Assemble Packet and Develop Presentation	12/2000
Begin to Meet with Health Departments	12/2000
Begin to Meet with State Associations	12/2000
Begin to Meet with Sales Organizations	01/2001
Reach 50% of Goal	08/2001
Reach 75% of Goal	01/2002
Project End	08/2002

Project Addresses Environmental Justice

### If So, Description of How:

Some medical facilities and nursing homes that rely on mercury have not changed to more effective, non-mercury substitutes because of the capital costs. Generally, these facilities service low-income communities. While they can receive reimbursement for medical expenses though Medicaid and insurance, the capital costs for the change-over are difficult to cover. Unfortunately, the costs and liabilities of a cleanup are nearly impossible to cover. As a result, low income patients may be exposed to mercury that is inadequately cleaned up.

This initative will focus on these medical centers and nursing homes for two reasons:

- If they participate, the potential reductions in the use of mercury are more significant.
- Children will benefit from potentially lower exposure to mercury at the facilities.

Improved environmental justice will result.

Project Addresses Education/Outreach

# If So, Description of How:

The target audience is the medical professionals that make decisions about the use of mercury in their facilities. The goal is to get them to take Making Mercury Without Mercury pledge and then operate consistent with that pledge.

To reach them, a critical secondary audience is the local health departments, state health care associations and healthcare product sales organizations that interface regularly with medical professionals. The goal is to get this secondary audience to help carry the mercury reduction message to the medical professionals.

Engaging pharmaceutical and medical product sales organizations is an unusual approach. They do not need to carry the mercury reduction message but with a strong effort, they could be brought into the process. If even a few organizations support the projects, the magnifying effects of their work will be a key to success.

IKE's Executive Director, Tom Neltner, is an experienced educator. He has taught at Indiana University as an adjunct professer since 1992. In 1990, he cofounded a full time environmental and worker safety training firm that continues to this date. And from 1993 to 1999, he was the Assistant Commissioner of the Office of Pollution Prevention and Technical Assistance at the Indiana Department of Environmental Management. In that capacity, he lead the State's mercury education efforts.

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Project Budget:		
, 5	Federal Share Requested (\$)	Applicant's Share (\$)
Personnel:	500	500
Fringe:	100	100
Travel:	800	800
Equipment:	0	0
Supplies:	600	600
Contracts:	8,000	8,000
Construction:	0	0
Other:	0	0
<b>Total Direct Costs:</b>	10,000	10,000
<b>Indirect Costs:</b>	0	0
Total:	10,000	10,000
Projected Income:	0	0

## Funding by Other Organizations (Names, Amounts, Description of Commitments):

Tom Neltner will donate \$3000 worth of service to project to ensure its success.

IKE has received tentative commitments from several other sources to provide matching funding (cash and in-kind) as indicated in the budget. However, they are unwilling to formally commit at this time. They are waiting on a decision on the preproposal by EPA before acting. IKE is prepared to have formal commitments for the full proposal. However, without EPA's funding, this project cannot proceed.

# Description of Collaboration/Community Based Support:

IKE will develop a collaborative effort to make this project succeed. Expected partners are:

- Indiana Department of Environmental Management
- Indiana State Department of Health
- Marion County Health Department
- Allen County Health Department
- Elkhart County Health Department
- Marion County Health and Hospital
- Eli Lilly and Company
- St. Vincent Hospital
- Clarian Hospital
- Hoosier Environmental Council
- Sierra Club

IKE already has strong, established relationships with these organizations and is prepared to have letters of support from most of them as part of the full proposal.